Teaching Students Geology:
Plate Tectonics

Dates: June 29 – July 3, 2009

Location: Brigham Young University (Eyring Science Center), Provo

Credit: USOE or 3 Utah Valley University semester hours

Instructors: Al Hrynshyn and Ty Robison

Course Contact Information:
Duane Merrell, 801-422-2255 duane_merrell@byu.edu
Richard R. Tolman 801-863-6229 tolmanri@uvu.edu

Registration Fee and Deposit:
$275 Registration fee to: Emery County School District
$50 Deposit to: Utah Valley University

Send registration form and deposit to:
Richard R. Tolman, Ph.D.
Professor of Biology
224 Science Building, Mail Code 179
Utah Valley University
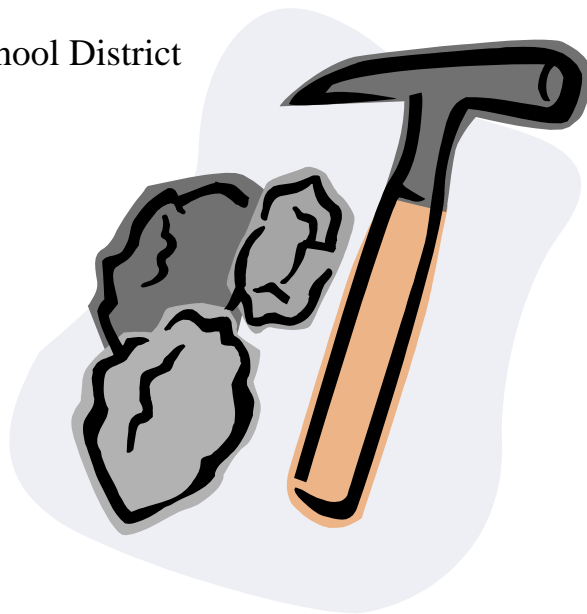800 West University Parkway
Orem, UT 84058

Registration Contact Information:
Richard R. Tolman
801-863-6229
tolmanri@uvu.edu

Course Description:
The course will focus on learning and teaching concepts of geology. This week long geology course will include inquiry style of learning with methods to reach and engage students in the study of geology. Fabulous trips will be scheduled for the entire week of this course.

All course communication will be made thru the email address provided on your registration form. (Please provide an out of school summer contact for much of the correspondence may occur during the summer prior to the beginning of the course.)

2009 Science
Professional Development
Registration Form
(Duplicate as Necessary)

Mail to: **Workshop Contact:**

Workshop Title	Date	Location	Registration Fee

Contact Information:

Teacher: _____

District: _____

School: _____

Grade Level/Subject: _____

Home Address: _____

_____

City: _____ Zip: _____

Home phone: _____

School phone: _____

CACTUS # : _____

E-mail: _____

Commitment to Attend & District Approval:

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: _____

Signature of Principal or District Representative indicates source of registration payment for workshop:

❏ **PERSONAL Check #_____ enclosed OR**

❏ **SCHOOL** _____ *OR*
                                  Principal

❏ **DISTRICT** _____
                          District Representative

Please contact your school or district to determine if approval is needed prior to registration.

❏ Bill to This Address

_____
_____
_____
_____

Return this completed registration form and your refundable deposit check to the above listed workshop contact.

A separate registration form <u>must</u> be submitted for each workshop you plan to attend.